

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

**FORM-GB**

Gift or Bequest Information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Iowa Board of Pharmacy**

Name of Department or Office
 400 SW 8th St Ste E

Des Moines, IA 50309-4688

Mailing Address
 515-281-5944

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Theresa Witkowski

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

terry.witkowski@iowa.gov

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:**Iowa Podiatric Medical Society**

Name

6919 Vista Drive

West Des Moines, IA 50266

Mailing Address

City, State, Zip Code

515-282-8192

Area Code & Telephone Number

Email Address (optional)

June 19, 2019

\$500.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

In lieu of honorarium for Andrew Funk, Executive Director of the Board of Pharmacy, for speaking to Society membership regarding the Prescription Monitoring Program (PMP), the Society makes this donation to support the PMP.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Theresa Witkowski affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Theresa Witkowski
 Signature

June 21, 2019

Date